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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)   |  | Docket Number (Optional)<br>D/A0839 (1508/3220) |
| <b>CERTIFICATE OF MAILING</b><br>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO at _____, on _____.<br><br>Signature: _____<br>Name: _____   | In re Application of Eric Allan Bier<br><hr/> Application Number 09/731,912      Filed 12/8/2000<br>For SYSTEMS AND METHODS FOR EDITING A WEB PAGE<br><hr/> Group Art Unit 2176      Examiner Chau T. Nguyen |   |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$65/\$130)<br/> <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$245/\$490)<br/> <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$555/\$1110)<br/> <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$865/\$1730)<br/> <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1175/\$2350)         </div> <div style="text-align: right;">           \$ _____<br/>           \$ _____<br/>           \$ <u>1,110</u><br/>           \$ _____<br/>           \$ _____         </div> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Applicant claims small entity status.<br/> <input type="checkbox"/> A check to cover the fee is enclosed.<br/> <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.<br/> <input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.<br/> <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>141138</u>. I have enclosed a duplicate copy of this sheet.         </div> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>I am the <input type="checkbox"/> applicant/inventor<br/> <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).<br/> <input checked="" type="checkbox"/> attorney or agent of record.<br/> <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="text-align: center;">           _____<br/>           /Gunnar G. Leinberg/<br/>           Signature         </div> <div style="text-align: center;">           _____<br/>           December 7, 2010<br/>           Date         </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="text-align: center;">           _____<br/>           Gunnar G. Leinberg<br/>           Typed or printed name         </div> <div style="text-align: center;">           _____<br/>           (585) 263-1014<br/>           Telephone Number         </div> </div> <p><small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small></p> |  |   |
| <input type="checkbox"/> Total of _____ forms are submitted.   |  |   |

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